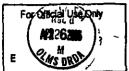


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

- 3500		
1 File Number U 7077	2. Fiscal Year Covered From	
	11/1/2005 Through 12/3)/2005	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Kevin Guertin	Name Rooters/Waterprooters Leon 12	
	Labor Organization File Number 03/15	
PO Box, Bidg Room No If any	P O Box, Building and Room Number If any	
Street 8 Cook Road	Street 15 Bernhard Road	
Chy Prospect	car North Hoven	
State Connecticut ZIP Code + 4 667/2	State Connecticut ZIP Code+4 06473	
5 Position in labor organization. President		
monetary value from an employer whose employees your organizat 8 Name and address of Employer (including trade name if any)	7.a. Nature of Interest, Transaction, or Income	
Name		
Trade Name If any	'	
P O Box Bidg Room No If any		
	7.b Amount.	
Street		
City	, ,	
State ZIP Code + 4		
Signature)		
15. Signature and verification. The undersigned declares, under perialty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true correct, and complete (See the section on penalties in the instructions)		
submitted in this report (including the information contained in any accompany	ring documents) has been exemined by the signatory and is, to the best of the	
submitted in this report (including the information contained in any accompany	ring documents) has been examined by the signatory and is, to the best of the	

Name of Person Filing	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any) Name: United Union of Roofers, Water— Trade Name if any Proofers + Allied Workers #12 PO Box Bidg Room No If any Street 15 Pernhand Road Chy North Haven State Connecticut : ZIP Code+4 06473	9 Business deals with a. Labor Organization Trust c. Employer	
10 11 9.b or 9 c. is checked give trust or employer's mame Name United Onion of Roofers Lo 12 Trade Name If any Health + Welfare Fund PO Box, Bidg. Room No. If any PO. Box 5817	Management of Health rwelfore Fund Bi-Monthly Trootice Meetings	
Street 60 North Many Street City Wallingford State Connecticut ZIP Code+4 06492	11.b Approximate dollar value of such dealing \$\frac{1}{2} \frac{2}{1} \frac{1}{0} \frac{1}{0} \frac{1}{0} \frac{1}{1} \frac{1}{0}	
	12.b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14 a. Nature of payment.	
Name Trade Name if any	Forir Value of Business Pinner	
P O Box Bidg Room No If any Street		
City State ZIP Code + 4	1	
13 b Is the Business an Employer or Consultant ?	14.b. Amount of payment.	